Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	SAMSEL, RYAN STEPHEN			Reg #:	28332-509
Date of Birth:	[redacted]	Sex: M	Race: WHITE	Facility:	PHL
Note Date:	07/25/2022 09:57	Provider:	Laughingwell, Raeph	Unit:	Z01

Cosign Note - Consultation encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE **1** Provider: Laughingwell, Raeph (MAT) MD

Final consultation report from 6/28/2022 received and reviewed today. All recommendations already addressed. Imaging and referral appointments have been scheduled.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Laughingwell, Raeph (MAT) MD on 07/25/2022 09:58

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	SAMSEL, RYAN STEPHEN			Reg #:	28332-509
Date of Birth:	[redacted]	Sex: M	Race: WHITE	Facility:	PHL
Note Date:	07/21/2022 13:09	Provider:	Dalmasi, Odeida (MAT)	Unit:	Z01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE **1** Provider: Dalmasi, Odeida (MAT) MD/CD

Inmate refused x-ray.

Discontinued Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
General Radiology-Chest-2 Views	*One Time*		*06/30/2022*	*Routine*

Specific reason(s) for request (Complaints and findings):

Bilateral Subclavian Venous Obstruction

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Dalmasi, Odeida (MAT) MD/CD on 07/21/2022 13:10

Samsel, Ryan ([redacted]) Encounter Date: 08/08/2022

Jefferson Health

Samsel, Ryan [redacted]

Office Visit 8/8/2022
Jefferson Breast Center, Center City

Provider: Melissa A Lazar, MD (Breast Surgery)
Primary diagnosis: Nipple discharge in male
Reason for Visit: Breast Pain • Breast Mass • Nipple Discharge; Referred by Melissa A Lazar, MD

Progress Notes

Melissa A Lazar, MD (Physician) • Breast Surgery

Name: Ryan Samsel
[redacted]

Date: 08/08/22

This is a new patient visit to the Jefferson Breast Care Center for this 38 y.o. man who presents with bilateral breast masses and left bloody nipple discharge.

History of Present Illness: Mr. Samsel is a 38 y.o. man who presents for evaluation of bilateral breast masses as well as left nipple discharge. This has been going on for some time. He previously saw Dr. Jared Liebman at Einstein. Mr. Samsel has a history of venous thoracic outlet syndrome and recently saw Dr. Abai. He told Dr. Abai about the left nipple discharge and he was referred to the Jefferson breast Center. Mr. Samsel underwent a bilateral diagnostic mammogram and bilateral breast ultrasounds on 08/02/2022. Imaging showed moderate bilateral gynecomastia. There were no suspicious findings seen. Of note, he did have left nipple discharge during his recent breast imaging. He states that he has left nipple discharge almost every day. It is a mixture of blood and pus. He previously was on antibiotics (Bactrim). He occasionally has some right-sided nipple discharge. He denies a family history of breast cancer.

Past Medical History:

Past Medical History:

Diagnosis	Date
• Bloody discharge from nipple	
• Breast mass	
• Breast pain in male	

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
• LYMPH NODE DISSECTION		

Samsel, Ryan [redacted] Encounter Date: 08/08/2022

2. BI-RADS® ATLAS category (overall): 2 - Benign

COMMUNICATION: The patient was informed. A written summary of this report was handed to the patient and made available in the personal electronic medical record (if available).

INDICATION: 38 y.o. man presents with bloody left nipple discharge and bilateral generalized lumps to include under the left axilla.

COMPARISON: None. First mammogram.

TECHNIQUE: Routine diagnostic views were obtained using full-field digital mammography and digital breast tomosynthesis. Computer Aided Detection (CAD) was utilized. Bilateral retroareolar ultrasound an ultrasound targeted to the upper outer right breast and left axilla was performed

FINDINGS:

BI mammogram diagnostic digital tomosynthesis bilateral
Right
Mass: There is a 10 mm mass seen in the right breast at 10 o'clock, 4 cm from the nipple.
Lymph Node: There is an 8 mm intramammary lymph node seen in the upper outer quadrant of the right breast, 3 cm from the nipple.

Bilateral
Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

BI ultrasound breast limited left
Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.
Ultrasound of the left axilla demonstrates no suspicious adenopathy.

BI Ultrasound breast limited right
Right
Lymph Node: There is an 8 mm x 3 mm x 9 mm intramammary lymph node seen in the right breast at 11 o'clock, 3 cm from the nipple. Cortical thickness measures 2 mm on the right.
Gynecomastia: There is moderate gynecomastia in a nodular pattern seen in both breasts.

Impression: A 38 y.o. man who presents for evaluation of bilateral breast masses and nipple discharge.

Discussion and Plan: I discussed with Mr. Samsel that there were no suspicious findings seen on his recent breast imaging. There were no dilated ducts in the retroareolar breast to account for the nipple discharge. He does have moderate gynecomastia. Given that he continues to have the nipple discharge, I think that it is reasonable to undergo surgical excision of the breast tissue in the retroareolar region bilaterally. I will be scheduling Mr. Samsel in the near future for a bilateral breast excisional biopsy. All his questions were answered. He was instructed to call the office with any questions or concerns prior to his next visit.

Samsel, Ryan [redacted] Encounter Date: 08/08/2022

Melissa Lazar MD
Assistant Professor of Surgery
Thomas Jefferson University Hospital

Instructions

AVS - INFUSION (Printed 8/8/2022), AVS - Outpatient (Automatic SnapShot taken 8/10/2022)

Additional Documentation

Vitals: BP 116/69 (BP Location: Right arm, Patient Position: Sitting) Pulse 78
Temp 98.7 °F (37.1 °C) (Oral) Resp 16 Ht 1.829 m (6') Wt 82.7 kg (182 lb 4.8 oz) SpO2 96%
BMI 24.72 kg/m² BSA 2.05 m² More Vitals

Flowsheets: Vitals Reassessment

Encounter Info: Billing Info, History, Allergies

Communications

Letter sent to Babak Abai, MD
Sent 8/10/2022

Pharmacy Benefits

No pharmacy benefits on file.

Orders Placed

None

Medication Changes

As of 8/10/2022 12:37 PM

None

Medication List at End of Visit

As of 8/10/2022 12:37 PM

None

Visit Diagnoses

Primary: Nipple discharge in male N64.52
Gynecomastia N62

~~#~~ 28332.509

JEFFERSON HEALTH
Jefferson-Honickman Breast Imaging
Thomas Jefferson University Hospital
1100 Walnut Street • Philadelphia, PA 19107
215.952.9169 patient representative
215.481.EXAM (3926) scheduling • 215.923.7651 fax

Dear Ryan Samsel Date of birth: [redacted]

Date of breast imaging: 8-2-22

This letter summarizes the results of your mammography/ultrasound examination. A report will be sent to your referring physician or other health care provider.

FINDINGS

☑ No suspicious findings or changes.

☐ Finding(s) requiring additional attention.

RECOMMENDATIONS

☐ Routine screening mammography is recommended: ☐ in 1 year, ☐ starting at age 40, ☐ _____
- ☐ Supplemental screening with whole-breast (**complete**) ultrasound should be considered.
- ☐ Supplemental screening with breast MRI should be considered.

☑ Clinical follow-up with your referring physician is recommended to address your stated symptoms.

Not all cancers are visible on mammography or ultrasound. A breast lump or other area of clinical concern, which is not explained by imaging studies, may still require further tests.

☐ Follow-up ☐ right ☐ left ☐ **diagnostic** mammogram ☐ **diagnostic** mammogram with contrast ☐ ultrasound ☐ MRI will be due:
- ☐ in 6 months.
- ☐ at the time of your next annual mammogram.
- ☐ _____.

Please make your appointment at the Jefferson Health Women's Diagnostic Center and contact your referring provider for a prescription for the exam. A referral may be required by your insurance plan. ***Please note this result letter is not a prescription.***

☐ Additional imaging studies are needed to complete this evaluation:
- ☐ Breast MRI
- ☐ **Limited** breast ultrasound (☐ right ☐ left)
- ☐ **Diagnostic** mammogram (☐ right ☐ left) ☐ *with contrast*

☐ Comparison with prior breast imaging is needed. Please bring or mail a CD with your prior breast imaging to the Women's Diagnostic Center (address above).

☐ A needle biopsy is recommended to obtain samples for pathological analysis to ensure the finding is benign (not cancer):
- ☐ Ultrasound guided biopsy (☐ right ☐ left)
- ☐ Stereotactic biopsy (☐ right ☐ left)
- ☐ MRI guided biopsy (☐ right ☐ left)

Please refer to procedure checklist for more information.

☐ Consultation with a breast surgeon is recommended.

Please continue on back.

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE — **FEDERAL BUREAU OF PRISONS**

7-21-2022
Date

I, RYAN SAMSEL 28332-509 , refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

Bilateral subclavian venous obstruction

The following treatment(s) was/were recommended:

CXR

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

Inmate refused and no reason was provided.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

DALMASI, ODEIDA (MAT) 7-21-2022
Counseled by Date

x Inmate refused to sign
Patient's Signature Date
7/21/22

Cornell 7-21-22
Signature of Witness Date

PHL–PHILADELPHIA FDC